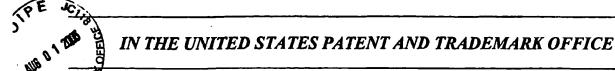
PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 10/690084 CLAIMS AS FILED - PART 1 OTHER THAN SMALL ENTITY (Column 1) OR (Column 2) SMALL ENTITY **FOR** NUMBER FILED NUMBER EXTRA RATE FEE BASIC FEE (37 CFR 1.16(a)) RATE FEE 770 OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 ÖR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR: * If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT AFTER AMENDMENT EXTRA PREVIOUSLY 6 TIONAL TIONAL PAID FOR FEE Total FEE Minus (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column, 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENDMENT AFTER **PREVIOUSLY EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) 500 OR Independent (37 CFR 1.16(b)) Minus OR 20 C FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 700 ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-ENT RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE (37 CFR 1.16(c)) ENDA Minus OR X \$ Independent (37 CFR.1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



re application of: Koos et al.

Atty Dkt No.: NOVLP068/NVLS-

000818

Application No.: 10/690,084

Examiner: UNASSIGNED

Filed: October 20, 2003

Group: 1763

Title: METHOD FOR FABRICATION OF SEMICONDUCTOR INTERCONNECT

STRUCTURE WITH REDUCED CAPACITANCE,

LEAKAGE CURRENT, AND IMPROVED

BREAKDOWN VOLTAGE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on July 28, 2005 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450

Alexandria, VA

Tara Hayden

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	76	MINUS	66	09	x 25 =	x 50 = 450.00
Independent Claims	06	MINUS	05	01	x 100 =	x 200 = 200.00
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
				Total	\$	\$650.00

X Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.

X Enclosed is our Check No. 10925 in the amount of \$650.00 to cover the additional claim fee and/or extension of time fees.

 \boxtimes Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NOVLP068).

Respectfully submitted,

BEYER WEAVER & THOMAS, LLP

Jeffrey K. Weaver

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